



INJECTION WELL CLOSURE NOTIFICATION

Please send completed form to: UIC Coordinator, Water Quality Program, WA Department of Ecology, P.O.Box 47600, Olympia, WA 98504-7600

1. Facility: _____ UIC site ID: _____

Address: _____ City: _____

Zip: _____ County: _____ Phone: _____

Township: ____ Range: ____ Section: ____ ¼ Section: ____ ¼ ¼ Section: ____

Cross Streets: North/South _____ East/West _____

Latitude: _____ Longitude: _____

Other: _____

2. Contact: _____ Phone: _____

Address: _____

3. Legal owner/operator: _____ Phone: _____

Address: _____

4. Property/source area description: _____

5. Number/description of active UIC wells, closed wells and closure method: _____

6. Injected fluid, (*i.e.*, stormwater): _____

7. Cleanup type (if applicable): CERCLA, RCRA, MTCA Independent or Order or other: _____

For Department of Ecology Use

UIC Site ID _____ Date Entered _____ Acknowledged _____ WRIA _____

8. Water discharge permit number (if applicable): _____

9. Date use stopped: _____ Permanent closure date: _____

10. Comments: _____

11. Completed by: _____

Date: _____

For questions, call Mary Shaleen-Hansen at 360-407-6143 or e-mail can be sent to maha461@ecy.wa.gov.

If you need this publication in an alternate format, please contact us at 360-407-6404 or TTY (for the speech and hearing impaired) at 711 or 1-800-833-6388.